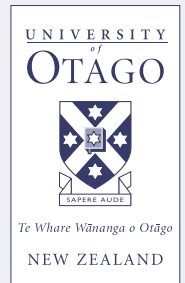


APPLICATION FORM

UNIVERSITY OF OTAGO LANGUAGE CENTRE



Please type clearly and fill out all sections of this form. Please sign the form. Incomplete applications will not be processed.
Please sign the form. Incomplete applications will not be processed.
Completed applications may be emailed to: info@aa-education.com

PERSONAL DETAILS

FAMILY NAME (as in passport)		FIRST NAME(S)	
<input type="text"/>		<input type="text"/>	
PREFERRED NAME (i.e. – your English name, if any)	DATE OF BIRTH	AGE	GENDER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> male <input type="radio"/> female
COUNTRY OF BIRTH	NATIONALITY (as per your passport)	ARE YOU A NEW ZEALAND/ AUSTRALIAN PERMANENT RESIDENT?	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

MEDICAL CONDITIONS (e.g allergies, asthma etc) Please give details.

DO YOU REQUIRE A HOMESTAY? Please complete the homestay application form	ARE YOU STUDYING ON A SCHOLARSHIP? (If yes, please state scholarship provider)
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No <input type="text"/>

STUDENTS UNDER 18 PARENTAL CONSENT (INTERNATIONAL STUDENTS ONLY)

Please read the parental consent conditions for international students under the age of 18 located at www.otago.ac.nz/uolcfy/services/int_students_under_18.htm

I have read and understood the parental consent conditions and fully accept these

If the student requires urgent medical attention and needs to be admitted to hospital, does the host family and/or staff have authority to act on your behalf? Yes No

Parents signature* Date

*or person/guardian with parental permission to sign

ENROLMENT PERIOD (For term dates go to: www.otago.ac.nz/uolcfy/uolc/datesfees.html)

START DATE	FINISH DATE
<input type="text"/>	<input type="text"/>

COURSE DETAILS

Please indicate with a tick which course you want to study

General English IELTS TOEFL English for Academic Purposes

English for Otago – Undergraduate English for Otago – Postgraduate Other (if other please specify)

I am coming with a group Yes No Name of Group

I am a part time student Yes No Number of Hours

ENGLISH LANGUAGE DETAILS

Have you taken an English language test?	Name of the test? e.g. IELTS, TOEFL	Date of last test	Score
<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDRESS

WOULD YOU LIKE ALL DOCUMENTS SENT TO YOUR HOME ADDRESS OR YOUR AGENTS ADDRESS ?

Home Agent

STUDENT'S HOME ADDRESS

PHONE	MOBILE	FAX	EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

AGENT INFORMATION

COMPANY NAME	NAME OF AGENT
AA Education Network	AA Education Network

COMPANY ADDRESS	
26 Koorunga Avenue, Cleveland QLD 4163	www.aa-education.com

PHONE	MOBILE	FAX	EMAIL
+61 7 3488 2916	<input type="text"/>	<input type="text"/>	info@aa-education.com

EMERGENCY CONTACT DETAILS

NAME OF PERSON WE SHOULD CONTACT IN AN EMERGENCY

LANGUAGES SPOKEN

RELATIONSHIP TO STUDENT

PHONE

MOBILE

FAX

EMAIL

1. I have read, understand and accept the policies, rules and procedures regarding International Students in the University of Otago Language Centre and agree to abide by them.
2. I do solemnly promise that I will obey the regulations of the University of Otago so far as they apply to me.
3. I agree that all disputes will be dealt with in accordance with New Zealand law.
4. I declare that all the information now submitted, or which I will later submit, in connection with my enrolment is correct and complete.
5. I understand that the University and University of Language Centre reserve the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information provided by me.
6. I will inform University of Otago Language Centre if there are any changes to the details of this application.
7. I understand that information supplied in connection with my enrolment and study may be used:
 - by members of the academic and administrative staff of the University and University of Otago Language Centre for purposes relating to my enrolment and study, and also for such purposes by any other tertiary institution in New Zealand to which I may transfer
 - for purposes external to the University when the information is in statistical form or when the University reasonably believes it is not to my disadvantage for such external use to occur; and also where disclosure is required or permitted in accordance with the provisions of the Privacy Act 1993.
8. This is my student contract with University of Otago Language Centre.

STUDENT'S SIGNATURE:

DATE:

